



POLICY ACKNOWLEDGEMENT FORM – **Transfer to CalSTRS**

On _____, 20____, I _____,
(Today's Date) *(Employee's Name)*

was provided with the following CalSTRS Policy Memoranda:

- Sexual Harassment Policy
- Zero Tolerance for Workplace Violence Policy
- Equal Employment Opportunity Policy
- Family Medical Leave Act (FMLA) Policy
- Physical Security & Emergency Management Policy

I have received these policies.

(Signature)